

Infant Communication Sheet

Child's Name _____ Date _____

I woke up at: _____ My mood this morning: _____ I was changed at: _____

I ate Breakfast at: _____ What I ate: _____

am taking medication: Yes _____ No _____ If yes, list medication, reason, & dose: _____

Other Important Medical Info: _____

****Who to call today in case of emergency, illness, etc.****

Name _____ **Phone #** _____

Pick-up Permission:

I _____ give _____ permission
to pick up my child _____ today _____
(Date)

Additional Information Teachers should know: _____

Information From Your Child Care Providers

What I ate Today:

Time	Liquids: Type & Amount	Solids: Type & Amount

Diaper and Potty Information:

Time	Wet	BM	Dry
_____	Wet	BM	Dry
_____	Wet	BM	Dry
_____	Wet	BM	Dry
_____	Wet	BM	Dry
_____	Wet	BM	Dry

Clothing Changes:

Time	Reason for Change:

My Naps Today: 1 _____ 2 _____ 3 _____ 4 _____

We Need: Diapers _____ Wipes _____ Cream _____ Other _____

This morning I was: _____ **This afternoon I was:** _____

Additional Information/Comments: _____

